Case: 1:16-cv-08670 Document #: 1 Filed: 09/02/16 Page 1 of 6 PageID #:1

## UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION



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J C I C I I	11917/1/209/0	THOMAS G. BRUTON CLERK, U.S. DISTRICT COURT
	ve the full name tiff or plaintiffs in vs.	1:16-cv-8670 Judge Thomas M. Durkin Magistrate Judge Jeffrey T. Gilbert
Thomas	S J Dart	PC2
——————————————————————————————————————		
	in this action. Do not	
CHECK O	ONE ONLY:	
<u></u>	COMPLAINT UNDER TU.S. Code (state, county,	THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983 or municipal defendants)
	COMPLAINT UNDER T 28 SECTION 1331 U.S.	THE CONSTITUTION ("BIVENS" ACTION), TITLE Code (federal defendants)
	OTHER (cite statute, if k	nown)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I.

Π.

Plaini	CHI(s):		
A.	Name: <u>Jeremiah</u> Dean		
В.	List all aliases:		
C.	Prisoner identification number: M22528		
D.	Place of present confinement: Sheridan Correctional Center		
E.	Address: 4017E2603 Rd SheridanIL 60551		
numbe	here is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. aber, place of confinement, and current address according to the above format on a grate sheet of paper.)		
(In A position for two	dant(s): below, place the full name of the first defendant in the first blank, his or her official on in the second blank, and his or her place of employment in the third blank. Space o additional defendants is provided in B and C.)		
A.	Defendant:		
	Title:		
D	Place of Employment:		
В.	Defendant:		
	Title:		
	Place of Employment:		
C.	Defendant:		
	Title:		
	Place of Employment:		

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III.

List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal

t in	the United States:
]	Name of case and docket number:
_	Approximate date of filing lawsuit:
]	List all plaintiffs (if you had co-plaintiffs), including any aliases:
]	List all defendants:
	Court in which the lawsuit was filed (if federal court, name the district; if state court name the county):
]	Name of judge to whom case was assigned
]	Basic claim made:
	Disposition of this case (for example: Was the case dismissed? Was it appealed is it still pending?):
-	Annrovimate date of disposition:

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

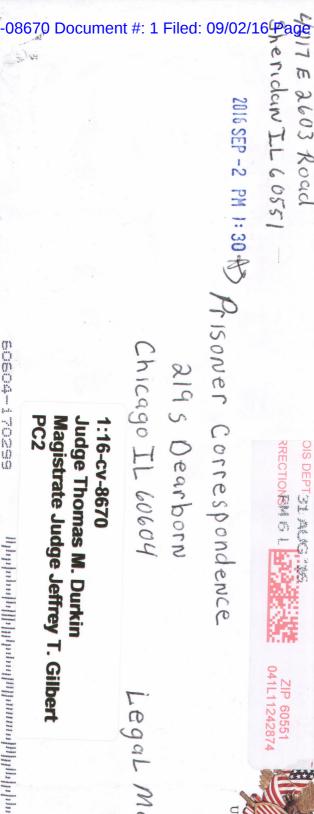
## IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I was incarcerated in Cook County Jail's Divisioni
from 9/20/15 to 9/25/15. Then shipped to Hill Correctional
center to finish my parole. I returned back to
Cook County on 12/24/15 where I was placed back in
division 1 where I stayed until 2/14/16. During my
time in divisiona I was subjected to taking
Showers with mold all over the floor and walls
of the Showers in both ABO and G2. I also was
Subjected to breathing in as bestos.

V. Relief:	
State briefly exactly no cases or statutes.	what you want the court to do for you. Make no legal arguments. Cit.
I want the con	urt to hold Cook County Jail respons-
	ting me to inhuman conditions, and
I would like	to be added to the class Action Lawsii
Olease.	
VI. The plaintiff deman	nds that the case be tried by a jury.  YES NO
	CERTIFICATION
	By signing this Complaint, I certify that the facts stated in the Complaint are true to the best of my knowledge, information are belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.
County of day	Signed this 8 day of 29, 20 16
efore me on this 29 day 20 16 by Many 1 De	
TOFFICIAL SEAL"	Teremiah Dean (Print name)
GAILL SESSLER NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 5/04/2017	M22528
	(I.D. Number)

4017 E 2603 Rd Sheridan IL 60551 (Address)



Jeremich Deanmarsa8c-13 B-14

Sheridan Correctional Center

MATE OF CON US POSTAGE 06/12/12/16

Legal Mail

Magistrate Judge Jeffrey T. Gilbert